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AUTHOR Smith, Margaret M.; Clayton, Diane E.
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ABSTRACT

This planning guide is intended as a reference for individuals developing a self-directed health promotion/wellness program for older women. The introduction defines the concept of wellness, and the seven tasks involved in the action planning process. Six steps in designing a program are outlined, including laying the groundwork, targeting participants and promoting the program, planning program content, promoting participation in workshops, individualizing assessment and planning for action, and follow-up and evaluation. In addition to ideas for discussion, suggested activities for each step, and additional references, the guide also includes a five-part wellness inventory, a wellness profile, and a sample contract committing the participant to an improved wellness lifestyle. (JAC)

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DESIGNING A SELF-DIRECTED HEALTH PROMOTION/WELLNESS PROGRAM FOR OLDER WOMEN

Margaret M. Smith, Ed.D.
Diane E. Clayton, Ph.D.

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Preface

The information contained in this planning guide was originally presented as an "Idea Session" at the 1984 Western Gerontological Society Conference held in Anaheim, California. Program Development Steps were graphically displayed along with supplementary teaching materials. The authors were present to guide "Idea Session" participants through the step-by-step process and to answer questions.

In response to numerous requests for the information presented at the "Idea Session", the authors have attempted to transform and to condense the material into a brief, step-by-step format intended for ready reference by individuals planning to implement a self-directed health promotion/wellness program directed toward older women.

Many well-written and informative books concerning wellness and health promotion already exist. Therefore, this planning guide does not include in-depth review of content, but directs the reader to consult pertinent references listed. The authors hope individuals using this planning guide will find the step-by-step outline helpful in designing a self-directed health promotion/wellness program.

Introduction

Wellness is not the absence of illness, rather it is part of the health continuum which ranges from premature death to high level wellness. There are many degrees of wellness just as there are many degrees of illness. The goal of a "wellness program" is to move each person as far along the positive end of the continuum as their potential permits. Achieving high level wellness entails taking self-responsibility for one's own health promotion by reducing or eliminating unhealthy lifestyle behaviors such as overeating or smoking. According to Healthy People, the Surgeon General's Report on Health Promotion and Disease Prevention, 7 of the 10 leading causes of death in the United States are related to lifestyle habits: diet, smoking, exercise and alcohol. A health promotion program is directed toward helping people to change lifestyle habits by providing information and skills needed to make the changes and by providing support needed to initiate and maintain lifestyle changes once they are made. The focus of a health promotion program is not on disease or health problems but on improving the quality of life and staying healthy by reducing risks.

Soon, ninety percent of all persons born will live to over 70 years of age. The typical individual, however, spends later years in infirmity. Older adults can be helped to delay the onset of infirmity and improve physical and mental functioning through a

health promotion program. Referring again to Healthy People, the Surgeon General's report identified the goal of health promotion for older adults as:

> to improve the health and quality of life for older adults, and by 1990, to reduce the average annual number of days of restricted activity due to acute and chronic conditions by 20%, to fewer than 30 days per year for people aged 65 and older (p. 71).

Although the focus in health promotion programs is not on disease but on staying healthy, questions related to health concerns may arise and need to be addressed. Gender specific health concerns of women relate to osteoporosis, breast and uterine cancer, effects of estrogen therapy, hysterectomy and discomforts associated with menopause. A health promotion program can give older women the impetus and support needed to cope with existing chronic health problems, and to maximize individual potential.

The Action Planning Process

Planning is a "future oriented" activity that identifies a course of action to reach a goal. The process of planning a self-directed Health Promotion program for older women is not too different from planning any other type of program for older adults. When working with adults, there are four basic principles of learning that should be kept in mind:

1. Learning is problem centered

   Focus on problem solving skills and actively involve the learner.

2. Learning is a collaborative effort.

   Both the workshop leader and the participant have valuable information to share. It is a two-way communication process.

3. Learners are primary learning resources.

   Adults have a rich variety of life experiences which they are generally anxious to contribute. The workshop leader role is mostly one of facilitator -- helping participants to identify problems and resources and how to use resources to solve problems.

4. Learning is the responsibility of the adult.

   As the leader, your job is to provide appropriate experiences and opportunities for learning.

THE ACTION PLANNING PROCESS

TASK ONE:	Identify need or problem
TASK TWO:	Identify alternative ways of meeting the need (i.e., Force-field analysis)
TASK THREE:	Determine best of possible options
TASK FOUR:	Determine and secure needed resources
TASK FIVE:	Implement the program
TASK SIX:	Evaluate how it works; what should you do differently
TASK SEVEN:	Continue program with adaptations

Planning a learning experience such as a self-directed Health Promotion/Wellness Program involves a task-oriented action planning process.

TASK ONE: requires an identification of needs related to the proposed program. Needs identification and program planning should involve potential participants -- older women -- to assure that the interests and needs of the target population are served.

TASK TWO: is related to goal setting. Goals should be flexible but consistent with needs and available resources, including funds and personnel. Again, potential participants should be involved in this part of the planning process.

TASK THREE: involves clarifying project requirements and choosing the best approach to follow in reaching the goals set. The plan of action should specify who, will do what, by when. Measurable, observable, quantifiable goals with timelines set for completion should be identified. Program content and methods should also be identified and planned.

TASK FOUR: is a major planning task and requires identification of resources (budget, facilities, supplies, staff); those you don't have, but will need. A plan to obtain those resources you need but are lacking must be devised or your original plan must be revised.

TASK FIVE: is implementation of the plan -- a Self-Directed Health Promotion/Wellness Program for Older Women. Implementation includes program promotion and publicity as well as recruitment of program participants. Once participants are enrolled the program can be implemented and evaluated.

TASK SIX: is focused on evaluating the program. Evaluation should be both formative (monitoring progress along the way) and summative (measuring how well the goals and objectives were met). Input from evaluation provides the basis for program revisions. Task six is the key link in the ongoing process of planning, implementing, evaluating, and revising and is needed to keep the program viable and relevant to participant needs.

TASK SEVEN: begins the planning process anew. Information gained from evaluation is used to revise the program as needed.

Now that you have an understanding, or review of, the Action Planning Process, proceed with Step 1 in Program Design, Laying the Groundwork.

DESIGNING A PROGRAM

STEP 1

LAYING THE GROUNDWORK

This Step is obviously the starting point; it is also the most crucial. Before you actually start working with others in developing a wellness program, it is essential that you have an understanding of health promotion and the wellness concept. Review of suggested references are of help to lay a basic foundation. Working through points 1 through 4 below should provide you with the type of foundation you will need to develop a wellness program for older women. Point 5 is equally important. If you do not honestly believe in point 5, you should not attempt to develop a wellness program at this point.

1. Read as much as possible about health promotion and wellness programs in general. Several excellent sources regarding wellness are:

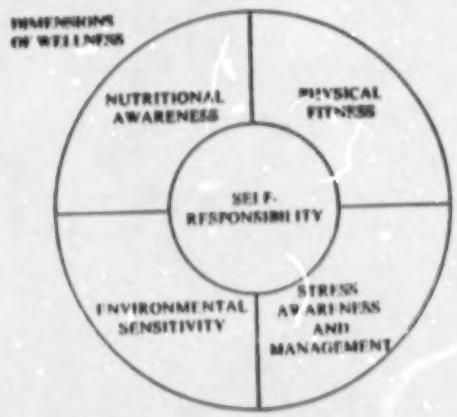
   Planning for Wellness - Donald B. Ardell and Mark Tager, Kendall Hunt Pub. Co., 1983.
   Wellness Work Book for Health Professionals: A Guide to Achieving High Level Wellness - John Travis, Wellness Resource Center, 1977.
   Medical Self Care Magazine - Box 718, Overnes, CA 94937 (415) 663-8462.
   Growing Older, Getting Better: A Handbook for Women in the Second Half of Life - Jane Porcino, Addison Wesley Pub. Co., 1983 (specifically directed toward older women).
   A Healthy Old Age: A Sourcebook for Health Promotion with Older Adults - Stephanie FallCreek and Molly Nettler, The Haworth Press, New York, 1984.
   Structured Exercises in Wellness Promotion Vol. I and Vol. II - (Editors) Nancy L. Tubesing and Donald A. Tubesing, Whole Person Press, Duluth, MN, 1983.

   If you find that you need a general health background, consult: The Book of Health, The American Health Foundation, Ernst Wynder (Editor and Chief), Franklin Watts, New York, 1981 (excellent basic resource).

2. Gain an understanding that health promotion is NOT running sessions on illness or health problems; although health promotion may include providing information on pertinent health needs and concerns.
3. Develop an increased awareness of health promotion in relation to:

   - One's body
   - One's environment
   - One's health behaviors

4. Formulate an understanding of the wellness concept, as a conceptual model with self responsibility as the core. Applying this concept, "we are the prime factors which affect the quality and quantity of our lives."



p. 7 Planning for Wellness
Ardell and Tager, 1982.

5. Develop support for the idea that all people, regardless of age, CAN promote their own health and maximize their potential when provided the proper tools.

SUMMARY: Points one through five provide a guide toward developing an understanding of health promotion and the wellness concept as they apply to all people, including older women. Although you are now ready to move onto Step 2 we suggest you continue to read appropriate materials as the wellness program begins to take form. More importantly, if you begin to assume self responsibility for your own health your understanding of wellness will increase. Step 2 will focus on recruiting participants and promoting a wellness program.

S T E P 2

TARGETING PARTICIPANTS AND PROMOTING THE PROGRAM

Step 2 consists of seven guidelines. This step may be the most time consuming, but do not let that concern you. Appropriate attention and time spent now will reduce the time needed to complete the steps that follow and help to guarantee success in program design. This step includes: identifying participants, assessing participant needs and expectations, involving others, setting goals, planning the program and ways to promote it, and implementing program promotion plan.

1. Identify target audience

   - people who are action-oriented
   - people interested in behavior change
   - homogenous age group
   - diversity in health status

2. Initiate a needs assessment of potential participants

   - what are their characteristics? (age, interests, socio-economic status, etc.)
   - what are their needs?
   - what are their expectations for the program?

   NOTE: Guard against value judgments. You can not "pick" your participants. They must pick you and the wellness program you are designing. Similarly do not worry about those you think should be in the program but don't seem interested now. Given time, they do generally become interested.

3. Involve an Advisory or Steering Committee in determining needs and planning

   - include members of target audience
   - include members of key supporting agencies
   - include community leaders

4. Set program goals and objectives

   - include both short and long range goals
   - use performance objectives
   - set timelines for achieving goals and objectives

   NOTE: Goals are broad and should be stated that way. You should have a number of objectives for each goal.

Program objectives are specific -- they should include: who will do what by when and to what degree.

5. Plan the program and promotion campaign

   - determine the budget and how it will be spent
   - list promotion possibilities and draw up a specific schedule
   - choose an interesting theme and title appropriate

6. Implement the promotion plan

   - allow 8-10 weeks lead time
   - include, if possible, newspaper, radio, TV, direct mail, flyers, brochures, posters, newsletter announcements, word of mouth
   - focus on human interest features in PR and build awareness
   - feature an "open house" and neighborhood information meetings
   - make potential participants an offer they can't refuse
   - feature, if possible, well-known authorities in promoting the program

7. Arrange the logistics

   - schedule the program at a convenient time and place for participants
   - assure access to transportation system
   - double check to be certain the focus is on a positive philosophy and self-image as well as fun
   - encourage pre-registration (commitments made are more often kept)

SUMMARY: The seven points covered in Step 2 provide you with an understanding of why initial targeting of participants and promotion are essential. Accept that this step will be time consuming and attempt to focus your attention on details. Be certain your targeted audience, their needs, input received from others, goals/objectives, promotion direction and logistics are moving in a linear direction. Reaffirm that your primary orientation or direction is toward positive health. Step 3 will deal with workshop content and ways of make certain health promotion and the wellness-concept are the nucleus of the wellness program you are planning.

S T E P 3

CONTENT INCLUSION

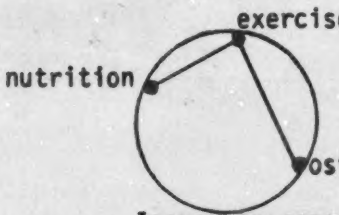
Step 3 will assist you to plan the content of a health promotion/wellness program for older women. It will point you toward content which is promotion and prevention directed rather than disease or disability directed. Although participants may bring "concerns" to your workshop, this step will enable you to "see" the interrelationship which exists between "concerns" and the wellness conceptual model. Also, it will affirm the relationship which exists between self responsibility and personal lifestyle changes which needed to be encouraged in order to pursue health promotion and wellness.

1. Select content based on the wellness concept, NOT on health problems.

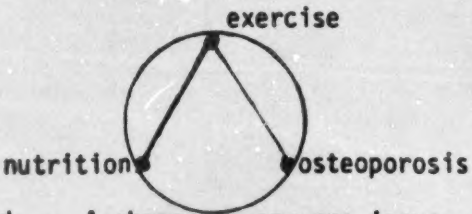
   Focus on promotion and prevention rather than diseases and disabilities. However, be prepared to discuss health concerns which women may raise (e.g. breast cancer - the American Cancer Society is an excellent resource for pamphlets and short review films on breast self examination; osteoporosis - the Dairy Council is an excellent resource for pamphlets directed toward prevention and nutrition.

2. Assist participants to understand ways in which lifestyle and health concerns are interrelated (e.g. exercise, nutrition, osteoporosis).

   - Two basic principles of the wellness concept are applicable here -- interrelationship and balance. Since lifestyle is a simple yet complex concept; a graphic illustration might assist.



Issues or concerns related to lifestyle are interrelated.



A change in any one issue or concern can affect others and can create better balance or harmony.

3. Help participants to realize that they ARE RESPONSIBLE and ABLE to make desired lifestyle changes.

   - Focus on ways that individuals can control or cope with "concern" areas. Ways to reduce or alleviate stress, for example: time management, making a reasonable 'to do' list, practice saying 'no' to excessive demands, making sure the problem is 'yours' before taking it on, etc.

   - Adults have a whole wealth of realistic suggestions for assuming responsibility. Tapping their expertise will be discussed in Step 4.

   - Reinforce the concept that the basic 'magic' for positive health is self responsibility.

4. Relate ALL workshop content to the five wellness concepts.

   Listed under each concept below are concerns which may surface.

Nutritional Awareness

- weight gain
- vitamin supplements
- atherosclerosis
- osteoporosis
- diabetes

Physical Fitness

- low energy
- arthritis
- incontinence
- poor circulation
- estrogen replacement therapy

Environmental Sensitivity

- interpersonal relationship
- loneliness
- poverty
- isolation
- senile dementia

Stress Awareness and Management

- hypertension
- alcoholism and drug dependency
- changes and losses (e.g. widowhood)
- insomnia
- menopause
- hysterectomy

Self-Responsibility

- poor communication with physician
- lack of health information
- over the counter drugs
- lack of self-monitoring skills (e.g. breast self-examination)
- lack of personal motivation

5. Content does not need to cover all wellness concepts.

   - Guard against trying to cover all of the concepts in a short period of time or in just one workshop.

   - Reflect back on the needs assessment initiated in Step 2 - that assessment should direct your planning toward the wellness concepts which are of most immediate importance.

   - Still since they are all interrelated, they will need to be included.

SUMMARY: Five specific points were discussed in Step 3. Since health promotion and the wellness concept are positive in orientation this step was designed to assist plannersto understand how "concerns or issues" which might be brought to the workshop by participants are related to the wellness concept. Step 4 will deal with ways to promote active, comfortable, goal-directed and self-responsible participation among your attendees.

S T E P 4

PROMOTING PARTICIPATION IN WORKSHOPS

Step 4 outlines 10 guidelines vital to assuring active participation and a truly dynamic workshop. Participant input and involvement will increase as you consistently stress positives, provide incentives and begin to converge on behavior change. All 10 behaviors itemized in Step 4 are important to insuring the type of group participation you will need.

1. FOCUS ON POSITIVES AND HOPED-FOR OUTCOMES

   - stress that behavior change is possible, attainable and socially desirable
   - stress benefits of changed behavior
   - emphasize that support persons and groups can assist

2. EMPHASIZE ACTIVE PARTICIPATION AND LEARNING

   - provide learning activities compatible with the content
   - don't talk at them; involve them in discussion and sharing
   - project an enthusiastic attitude and high energy

3. PROVIDE A COMFORTABLE, RELAXED ATMOSPHERE

   - arrange seating informally (e.g., circle, small groups)
   - allow adequate time to become acquainted with other participants
   - assure participants that personal needs take priority over the structure of the program (e.g., provide housekeeping announcements, location of restrooms)
   - share the agenda and provide for participant input in modifying the agenda

4. SET REALISTIC GOALS AND OBJECTIVES

   - provide for participant input concerning goals, objectives
   - set both short- and long-term goals/objectives for the group
   - set goals/objectives that are attainable, measurable

5. GIVE POSITIVE REINFORCEMENT AND PROVIDE INCENTIVES

- . give rewards (e.g., American Heart Association Heart Health cookbook) for achievement
- . be supportive of what has been achieved even though goals/objectives have not been completely met
- . focus on cooperation, not competition
- . use igniter statements (e.g., "I'm glad you asked that", "Good, that's an important point to consider.")

6. PROMOTE SELF-RESPONSIBILITY AND SELF-DIRECTEDNESS

- . explain your role as a resource person and facilitator
- . emphasize that only they, as individuals, can change their behaviors
- . explain the concept of empowerment. (People are empowered when they have the knowledge and ability to take responsibility for their own lives. The power comes from within and is not bestowed by someone else.)

7. CONSIDER FEELINGS AND ATTITUDES AS WELL AS KNOWLEDGE, SKILL BUILDING AND BEHAVIOR CHANGE

- . behavior doesn't change only because of knowledge gain, therefore avoid excessive fact-giving
- . attitude change facilitates behavior change and further insures permanence.
- . zero in on feelings and attitudes

8. BUILD ON PARTICIPANT'S PAST EXPERIENCE AS A RESOURCE

- . adults have rich and varied experiences to contribute
- . they enjoy sharing
- . use facilitator skills to initiate sharing of experience

9. INCLUDE SMALL GROUP ACTIVITIES

- . small groups are less threatening than large ones
- . this may be a participant's first opportunity to verbalize their feelings
- . small groups promote sharing and lets participants know they are not alone
- . promotes group cohesiveness

10. STRIVE TOWARD PRODUCING A SATISFIED "CUSTOMER"

- a satisfied customer is happy, feels good, has gained skills and can carry on with the action plan (which will be described in Step 5)
- rapport has been established
- it appears the program will produce as promised.

SUMMARY: The 10 guidelines covered in Step 4 address the skills needed for success in working with any participatory group. Following the guidelines suggested in this step should have stimulated your participants to realize that they do have much to give others and that they are ready to take personal action. Step 5 will lead you to the individualized phase of the workshop.

STEP 5

INDIVIDUALIZED ASSESSMENT AND PLANNING FOR ACTION

Step 5 is really what the whole workshop is all about. Everything you have been planning and doing to this point has moved you to this pivotal step. This is the individualized self directed step. Two important reminders before you begin this step: (1) health promotion and wellness are positive; (2) self responsibility cannot be given -- it must be taken. Your participants should now be ready to take individualized self responsibility. The seven points below along with two accompanying supplements will guide you and your participants toward positive health action. Do not speed through this step, address each point (assessment of health status, the "vision," personal readiness, social control, action factors, the written contract) and provide adequate time to contemplate before proceeding to the next point.

1. Provide participants with an opportunity to assess their own health status.

   - The best assessments seem to be those which:
     - . allow participants to individually measure their own status (criterion based NOT norm based, against themselves instead of against others) and which
     - . present a visual "picture" of their personal health status.
   - A Wellness Inventory which can be used as a personal assessment follows this sheet.
     - . the inventory will take a little bit of time -- don't rush participants.
     - . a pocket calculator will help individuals to tally their scores.
     - . using four different colored pencils to color in the profile (or visual picture) might be helpful.
     - . encourage participants to "see" in which areas they score high and in which areas they score low -- this should lead them to the next component -- creating a "vision."

WELLNESS INVENTORY

This is not a test. Rather it is a tool to help you evaluate various dimensions of your wellness. Respond to the individual items by filling in the number of the appropriate response below:

5 = Almost always (90% or more of the time)
4 = Very frequently (about 75% of the time)
3 = Frequently (about 50% of the time)
2 = Occasionally (about 25% of the time)
1 = Rarely (less than 10% of the time)

Do not answer items which do not apply to you. Your score will be automatically adjusted to the number of items you actually answered.

I. Self-Responsibility

1. I believe I am capable of making major decisions about my life and have the responsibility to do so. _____
2. I am able to successfully take charge when illness or injury occurs. _____
3. I ask my doctor to explain in terms I can understand the diagnosis, treatment and likely outcome of my health problems. _____
4. I always provide my physician with accurate and complete information concerning my health status and medical history. _____
5. I keep my time and energy commitments within reasonable limits. _____
6. I limit my use of prescribed and over-the-counter medicines and seek alternatives to drugs whenever possible. _____
7. I examine my breasts for lumps or unusual changes on a monthly basis. _____
8. I have had a gynecological exam and Pap smear within the last two years. _____
9. My consumption of alcohol does not exceed moderate amounts. _____
10. I do not smoke. _____
11. I visit my dentist on a regular basis. _____
12. I try to get an adequate amount of sleep. _____
13. I wear a seat belt when driving or riding in a car. _____
14. I avoid driving after drinking alcohol or taking drugs which may impair my ability. _____
15. I periodically set personal goals and try to meet them. _____

ADD the scores for each item answered = _____
DIVIDE by the number of items answered ÷ _____
Your score for Section I = _____

II. Nutritional Awareness

1. I consume adequate amounts of foods containing calcium on a daily basis. ____
2. I keep my caloric consumption to the amount needed to maintain a healthy weight. ____
3. My daily consumption of tea/coffee does not exceed 5 cups. ____
4. I am aware of the emotional and situational factors that may lead me to overeat. ____
5. I eat at least one leafy green vegetable a day. ____
6. I make a habit of eating a nutritious breakfast each day. ____
7. I avoid adding sugar to my food and I minimize my intake of pre-sweetened foods. ____
8. My daily diet includes items from all four basic food groups (dairy; fruits and vegetables; breads and cereals; fowl, meat or vegetable proteins). ____
9. I minimize my intake of saturated (animal) fats. ____
10. I minimize foods in my diet that contain large amounts of refined flour (bleached white flour). ____
11. My diet includes sufficient amounts of essential vitamins and minerals. ____
12. My diet includes fiber and roughage (whole grains, fruits or vegetables). ____
13. I try to minimize my salt intake. ____
14. When choosing non-vegetable protein, I select lean cuts of meat, poultry and fish. ____
15. I drink 6 to 8 glasses of fluid each day. ____

ADD the scores for each item answered = ____

DIVIDE by the number of items answered ÷ ____/____

Your score for Section II = ____/____

III. Physical Fitness

1. I take the opportunity to engage in some form of activity every day. _____
2. I engage in physical activity that is comfortable and not overly stressful for me. _____
3. I walk instead of drive whenever feasible. _____
4. I take stairs instead of an elevator whenever feasible. _____
5. I engage in vigorous physical activity (e.g. brisk walking, jogging, swimming, bicycling) at least 20 minutes, 3 or more times a week. _____
6. I know my target heart rate and use it to monitor my exercise. _____
7. I stop exercising before I feel exhausted. _____
8. I stretch and bend slowly before vigorous exercise to prevent injury. _____
9. I stretch and bend slowly after vigorous exercise to prevent injury. _____
10. After vigorous exercise I "cool down" (very light exercise such as walking) for at least five minutes before sitting or lying down. _____
11. I am less than 15 pounds over "ideal" weight for my height and age. _____
12. My resting heart rate is within "normal" (60 - 80 beats per minute) range.* _____
13. My blood pressure is within the range of "Normal" as determined by my doctor. _____
14. I "recover" (regain normal breathing/heart rate) within a few minutes after vigorous activity. _____
15. I am not overly fatigued following prolonged physical activity (e.g. 20 minutes of vigorous activity). _____

ADD the scores for each item answered = _____

DIVIDE by the number of items answered ÷ _____

Your score for Section III = _____

*"Normal" resting heart rate varies considerably from person-to-person and within individuals from time-to-time. YOUR resting heart rate may not fall in this range; keep track of your resting heart rate <u>over time</u> in order to determine what is normal for you. Be aware that resting heart rate is affected by numerous factors, including age, exercise pattern, stress level and drugs (i.e. nicotine and caffeine cause it to increase). Generally speaking, the <u>lower</u> your resting heart rate, the better.

IV. Stress Awareness and Management

1. I am able to identify the situations and factors that overstress me. _____
2. I am able to identify certain bodily responses and illnesses reactions to stress. _____
3. I rarely have problems concentrating on what I'm doing because of worry about other things. _____
4. I can usually laugh at myself when everything seems to go wrong. _____
5. I generally do not have difficulty falling asleep or sleeping throughout the night. _____
6. I seldom have tension headaches, pain in the neck or shoulders. _____
7. I usually am able to express my feelings. _____
8. I am able to recognize when I am depressed and try to remedy it. _____
9. If and when I drink alcohol, I consume only moderate amounts. _____
10. I can be alone without feeling lonely. _____
11. I usually can make decisions with a minimum of stress and worry. _____
12. I am generally willing to take the risks that come with making change. _____
13. I have a friend I can talk to about things that trouble me. _____
14. I can say "no" without feeling guilty. _____
15. I am able to use relaxation techniques when needed in order to reduce effects of stress. _____

ADD the scores for each item answered = _____

DIVIDE by the number of items answered ÷ _____

Your score for Section V = _____

V. Environmental Sensitivity

1. The people with whom I generally associate have a positive attitude toward life. _____

2. I have prepared myself as best I can for the future changes which are likely to occur in my life as I grow older. _____

3. I have friends and acquaintances I can call on if I need assistance. _____

4. I am able to develop and maintain satisfying personal relationships with others. _____

5. I make a conscious effort to recycle (re-use) products when possible and reduce excessive use of energy resources. _____

6. I recognize the medias influence on my self image and health behaviors. _____

7. There are places I can go for "peace and quiet" when I need to relax. _____

8. I believe I am a person of worth. _____

9. My friendship groups, by their example, encourage me to live a healthy lifestyle. _____

10. I am active in several community or neighborhood groups (e.g. church groups, recreational groups, social groups). _____

11. I avoid contact with tobacco smoke and other forms of air pollution whenever possible. _____

12. My neighborhood environment is conducive to a healthy lifestyle (e.g. outside lighting, safe areas to walk). _____

13. My home environment is free from potential sources of accidents (e.g. frayed electrical cords, scatter rugs on smooth floor surfaces). _____

14. I try to keep current on public policy issues that affect me, my environment and therefore my health. _____

15. I recognize that socialissues such as poverty, crime, peace and the nuclear arms race affect everyone. _____

ADD the scores for each item answered = _____

DIVIDE by the number of items answered ÷ _____

Your score for Section V = _____

SCORING AND INTERPRETING THE INVENTORY

Part A: Below, record and add the score totals from each section:

	Section I:	_____
+	Section II:	_____
+	Section III:	_____
+	Section IV:	_____
+	Section V:	_____
	GRAND TOTAL A:	_____

Part B: Below, record and add the number of items answered from each section:

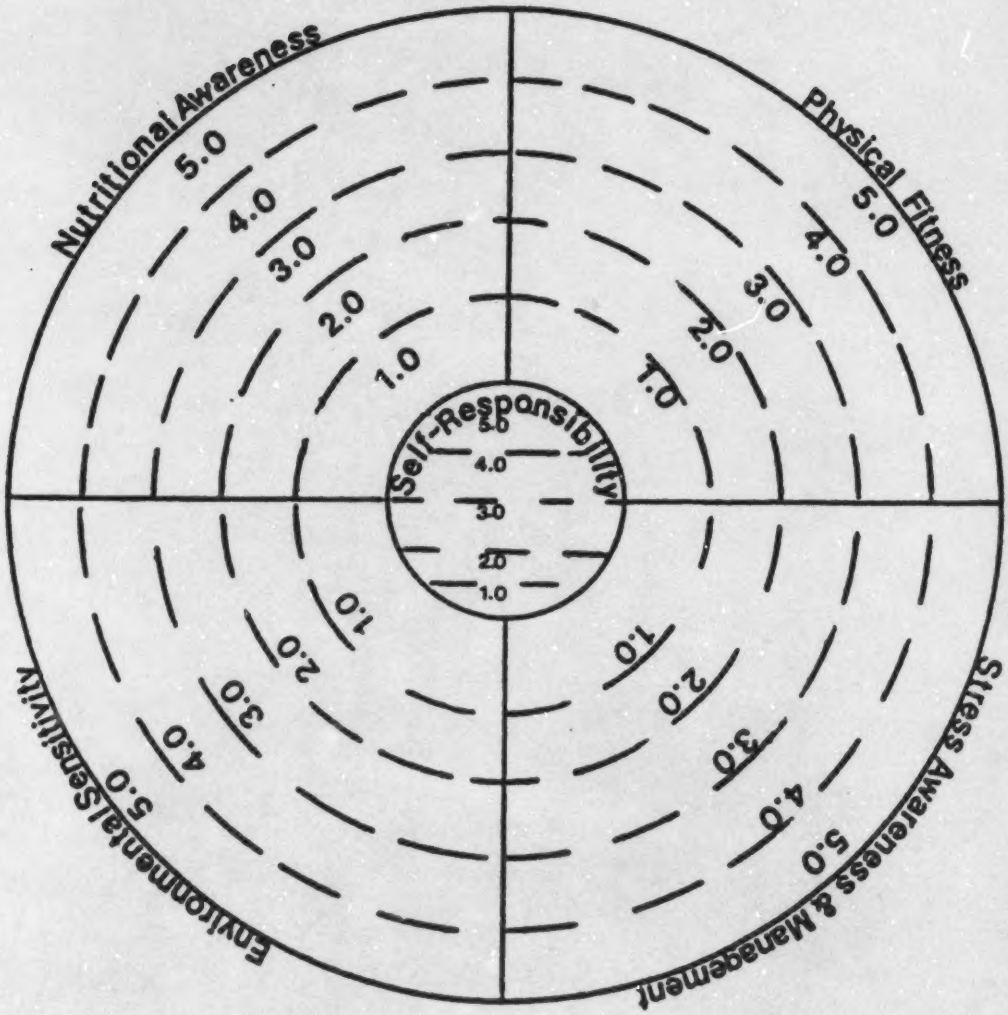
	Section I:	_____
+	Section II:	_____
+	Section III:	_____
+	Section IV:	_____
+	Section V:	_____
	GRAND TOTAL B:	_____

Now, divide GRAND TOTAL A by GRAND TOTAL B. The result is your score for an overall wellness lifestyle. For the individual sections and the overall result, scores are interpreted as follows: 5= Excellent; 4= Very good; 3= Good; 2= Fair; 1= Poor.

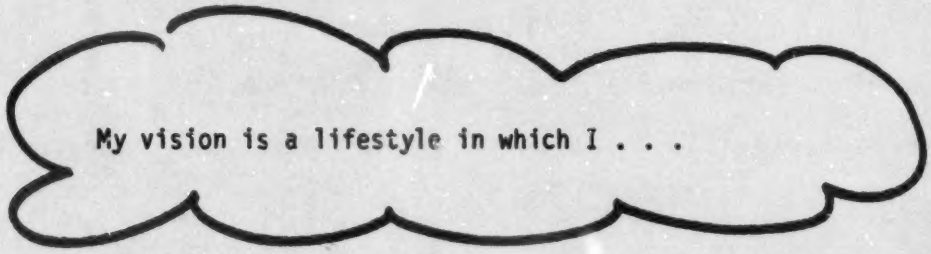
By filling in the chart on the next page you can create a visual picture of your wellness profile in all five areas. Use your score on the bottom of the previous sections (e.g. 3.5, 2.4, etc.)

Adpated by: Graham, C.A., Clayton, D.E. and Smith, M.M.-1983

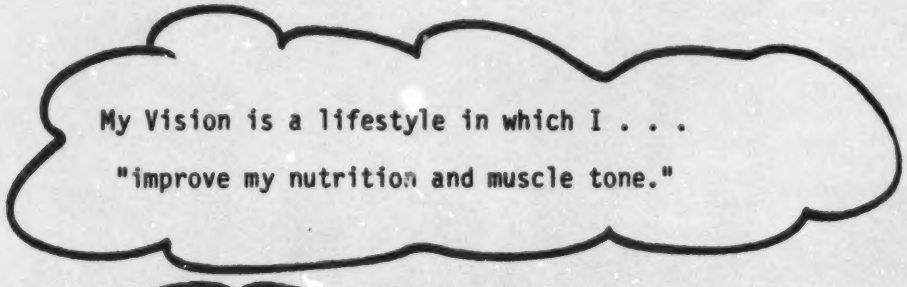
YOUR WELLNESS PROFILE

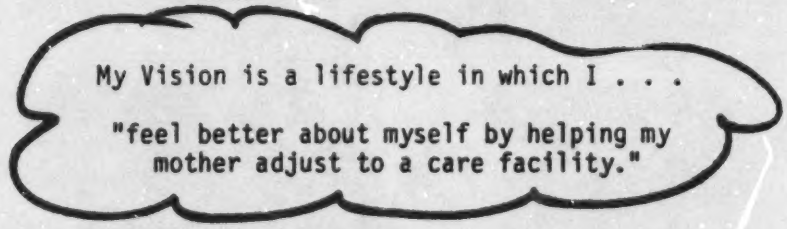


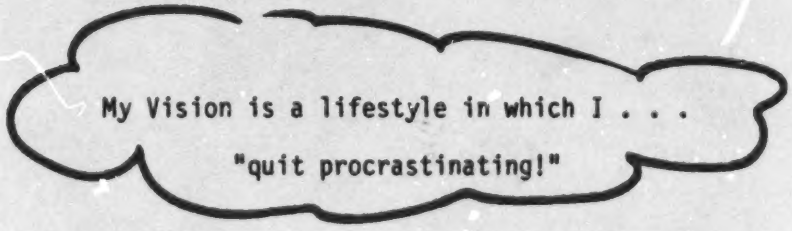
2. Encourage participants to create a "vision" of a healthy/ wellness lifestyle for themselves.

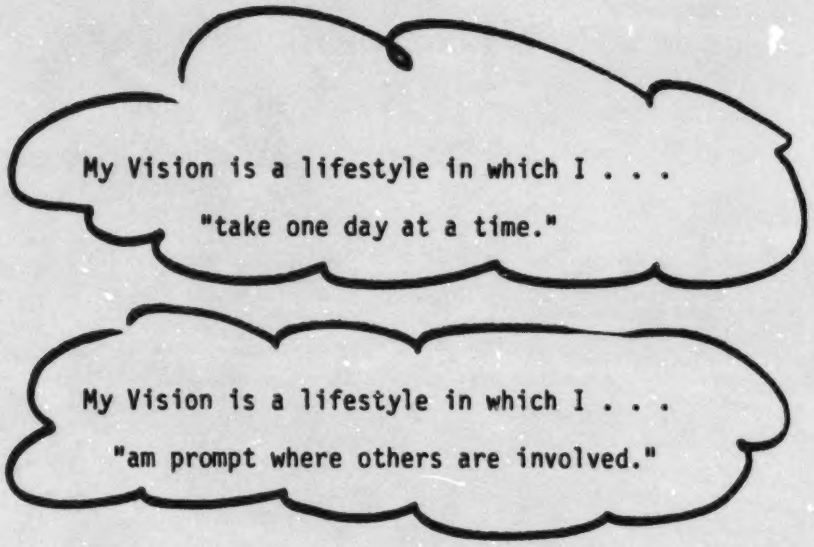


- Give participants a piece of paper as above and ask them to complete the sentence.
- Samples which may be helpful follow. However, avoid stifling your participants from developing a truly personalized "vision" by providing too many examples.








My Vision is a lifestyle in which I . . .
"take one day at a time."
My Vision is a lifestyle in which I . . .
"am prompt where others are involved."

3. Assist participants to assess their <u>personal readiness</u> to achieve their "vision."

   - Define <u>personal readiness</u> as those individual factors which increase the tendency of a participant to take action.

   - Items which might be considered in personal readiness include:
     . recognition of the seriousness of the problem
     . acceptance of personal vulnerability
     . predisposition to take action
     . motivation to act
     . ability to act
     . knowledge of desired action, or
     . belief in desired action

   - Listed below are several examples from successful contracts. Sharing an example or two might prompt and encourage your participants to write their own.

     This vision is important to me because . . .

     "my health is in danger."

I want to take this action because . . .

"I am in a risk category."

My reward will be . . .

"feeling so much better."

I am able to act on this vision because . . .

"everyone is just waiting for me to do it.

I will expect myself to . . .

"organize my thoughts and go about this in a step by step manner."

Knowing my vision is possible helps me to feel . . .

"that I will be solving an important health problem for myself and by myself."

4. Assist participants to assess social control issues related to their "vision."

   - Define social control as those factors in the environment which influence a participant to take action.

   - Items which might be considered in social control include:
     . social pressure to act
     . incorporation into role performance, or
     . acceptability of the action.

- Listed below are several examples from successful contracts.

  An example or two might prompt your participants.

  People who will support my vision are . . .

  "my friends"
  "my husband"
  "the card group"
  "mychildren"

  Achieving my vision will help me perform better as . . .

  "a caring friend"
  "a wife and mother to my adult children"
  "the provider in my home"

  Others around me will . . .

  "be pleased"
  "be proud"
  "be excited for me!"

5. Assist participants in assessing <u>action factors</u> related to their "vision."

   - Define <u>action factors</u> as those factors which are characteristic of the intended act.

   - Items which might be considered in action factors include:

     . effectiveness of the action
     . pleasure of the action
     . effort of the action
     . previous experience
     . favorable environment, or
     . attractiveness.

- Listed below are several examples from successful contracts.

An example or two might prompt your participants.

My vision will create . . .

"greater stamina and energy."
"improved attitude."
"better all round health."

I expect more pleasure than pain in that . . .

"I will not focus on the discomfort."
"the pain will only be temporary."

This vision will become a part of my regular routine by . . .

"being scheduled <u>every</u> day."
"going with my neighbors."

Previous experience tells me . . .

"this is possible and maybe tough."
"I should have done this long ago."

My current situation will assist my vision by . . .

"everything is ready for me."
"being so close, all I have to do is take action."

I expect my vision to improve the person I am by . . .

"feeling better."
"setting a goal I know I can achieve!"
"taking action for myself."

NOTE: See Behavior and Illness by Ruth Wu, Prentice Hall, 1973, if you need more clarification on personal readiness factors, social control factors and action factors.

6. Encourage participants to commit their "visions" to a written contract. This contract should:

   - State specifically:
     . who will do what
     . by when, and
     . to what degree
   - Acknowledge that barriers do exist and identify ways to remove barriers.
   - Show serious consideration to:
     . personal readiness
     . social control
     . action factors
   - Be signed, dated and witnessed.
     (NOTE: A copy should be held by the Health Promotion Wellness Program facilitator. Have carbon paper with you or a xerox machine available.)

7. Tell participants that you intend to follow up on their progress with them.

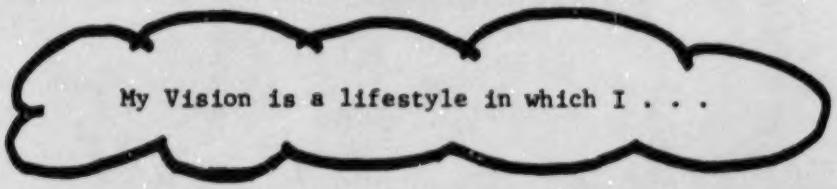
   - Develop a follow-up plan with timelines identified.
   - Be certain to follow up. You may need to provide individualized assistance to participants as they work toward implementing their plan.

SUMMARY: This step assisted you to individualize and personalize your workshop. At the end of this step, all participants should have completed an assessment of their health status, created a "vision" of a health/wellness lifestyle, and should have devised a written personal contract which emphasized their personal readiness,

addressed social control issues and identified action factors. Each participant's written contract should be different, specific and realistic. Double check to make sure that you have been thorough before you move on to Step 6, the follow-up and evaluation.

SAMPLE CONTRACT

I_____do hereby commit myself to an improved health/wellness lifestyle. My "Vision," or goal is stated below.



In order to achieve this Vision, I set the following <u>specific objectives</u> which I will <u>perform</u> on a regular basis:

1._____

2._____

3._____

4._____

5._____

This contract will be in effect from_____to_____

Current barriers to achieving my Vision are:

_____

_____

I know I am at personal readiness to accomplish this Vision because:

_____

_____

_____

I feel that within my environment there are others who will assist me by providing <u>social control</u>, so I will accomplish my Vision. They are:

_____

_____

_____

The <u>actions</u> I will use toward achieving my Vision will produce:

_____

_____

_____

My success will be measured by:_____

_____

_____

Signed_____ Date_____

Witness_____

S T E P 6

FOLLOW-UP AND EVALUATION

Step 6 is the final step and fulfills two important functions. Completion of this step will provide feedback on how things went and it will provide a basis for revising and continuing workshops. Program evaluation is frequently overlooked or is too hastily performed, resulting in lack of information needed to judge program effectiveness. Careful attention to program evaluation can mean the difference between success and failure.

1. Evaluate program to determine the effectiveness

   - were the goals and objectives met?
   - were participants satisfied with the program?
   - what went well and should be repeated?
   - what did not go well and should be eliminated or changed?

2. Compare intended results and actual results

   - is there a discrepancy?
   - what are the possible causes?
   - were the goals and objectives realistic?

3. Develop an action to resolve barriers and solve problems in program

   - what are the problems?
   - what are the alternatives to solution?
   - what are the barriers (restraining forces)?
   - what are the strengths (sustaining forces)?
   - choose best solution

4. Revise the program based on point 3 above

   - set new goals and objectives
   - develop an action plan to meet goals and objectives
   - devise an evaluation plan

5. Continue to evaluate

   - formative evaluation (monitoring progress along the way)
   - summative evaluation (measuring how well the goals and objectives were met)

- observe - check individual action plans with timelines
- diagnosis - determine problem areas, if any, assess participant's feelings and attitudes
- intervene - help participants to revise action plan after plan is begun
- assess - how many participants are still involved and working on their action plan?
    - . what is the drop-out rate?
    - . has behavior changed?
    - . did the program meet their needs?
    - . suggestions for program change?

7. Provide continuing support to participants

- schedule "booster" sessions periodically
- organize a support group along neighborhood or living groups
- continue to act as a resource person

SUMMARY: Step 6, follow-up and evaluation, is the crucial link in program design. Evaluation is an ongoing process beginning with program implementation and continuing throughout the duration of the program. It provides the basis for knowing whether or not your goals and objectives were achieved and whether or not participant needs were met. If you have followed the step by step planning process outlined in this guide your self directed health promotion/wellness workshop for older women should have run smoothly and successfully!!! Potential changes, which you may have identified in Step 6, will bring you full circle, back to Step 1.